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## **Facsimile Cover Sheet**

Date:

September 27, 2002

To:

Ms. Stokes

From:

Shannon Paladini

Company:

USPTO

Phone:

650-837-7231

Fax:

703-746-6603

Fax:

650-837-8234

Subject:

Request for Withdrawel as Attorney

Total number of pages including cover sheet:

2

Dear Ms. Stokes,

Attached is a Request for Withdrawal as Attorney that was originally filed with the Response to Notice to File Missing Parts mailed to the USTPO on August 8, 2002. Unfortunately, the only copy we retained was the electronic copy but I can obtain another executed copy from the agent next week. Please call me at the above phone number is this is required.

Thank you for your assistance.

Sincerely,

Shannon

## CONFIDENTIALITY NOTE:

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650 837 8234 P.02/02

PTO/SB/83 (03-02)

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/037,311		
Filing Date	November 9, 2001		
First Named Inventor	Raikhel		
Group Art Unit	1638		
Examiner Name			
Attorney Docket Number	MS00-001C2		
<u> </u>			

To: Assistant Commissioner for Patents Washington, DC 20231								
I hereby apply to withdraw as attorney or agent for the above identified application.								
The reasons for this request are: The assignee, Michigan State University, has decided to pursue prosecution of the above referenced application.								
1. The correspondence address is NOT affected by this withdrawal.								
2. ☑ Change the correspondence address and direct all future correspondence to:  CORRESPONDENCE ADDRESS  Place Customer Number								
Custom	er Number		]	Bar Code Lab				
⊠ Firm or	al Name	Michigan State University						
	Attn: Michael Lang							
Address	Office of Intellectual Property							
Address	246 Administration Building							
City	, , , , , , , , , , , , , , , , , , ,	East Lansing	State	МІ	ZIP	48824- 1046		
Country	US							
Telephone		(517) 355-2186	Fax					
<ul> <li>☑ This request is made on behalf of myself and</li> <li>☐ all the attorneys/agents of record,</li> <li>☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>☑ the attorneys/agents associated with Customer Number 23500</li> <li>This request is enclosed in triplicate (including any attachments).</li> </ul>								
Name	Laieh Shayest	eh, Reg. No. 47,937						
Signature								
Date	August 8, 2002							
NOTE: Withdrawal is effective when approved rather than when received Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the smount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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